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1.1 Introduction:

Many women in the modern age are familiar with feeling torn between traditional expectations of women and the expectations of the modern working conditions. While traditional expectations require women to be good mothers and housewives, modern impulses put little stress on family roles, compared to the emphasis they make on social roles of individuals.

Women's traditional in-home activities include taking care of children, cooking good meals, cleaning and readying the house for guests; and these activities occupy a great deal of their time. Considering that traditional roles of women, compared to men's roles, do not bring money or prestige in the society, there have been reactions that deemed traditional women roles to be the source of men-women inequality. Women looked for appreciation for what they did, and this brought about women employment in good numbers.

The modern equality answer ideally offered that men and women share private roles such as raising children and doing the housework equally so that women can have equal voice in the public space. And in order to prove gender equality, women were pushed into the same working conditions with men. However, this solution was not very practical in reality since women were biologically and emotionally different. Women were bounded to bear children by their biology, and their physiology and psychology were affected by this reality.

According to a recent survey by the polling agency Gallup, traditional expectations may lead many college-educated women to leave the workforce after marriage, or after having children, to focus on family life instead. That may be one reason white-collar companies find it hard to recruit or keep female workers.

This is a concern, but it shouldn’t be the only concern for those looking at the Indian economy and employment. Women who have progressed beyond high school make up only about 6.5% of Indian women of working age (in India this is considered to be between the ages of 15 and 59).
As with men, the majority of the female workforce in India is unskilled and has only a basic education. They are working – just not in companies that require college degrees and English skills. They are often working in very poorly paid jobs with no security or benefits and in many cases below the minimum daily wage.

For example, an illiterate woman working in an occupation that doesn’t require skills averages earnings of 85 rupees a day; an illiterate man doing such a job averages 177 rupees a day (Lahiri, 2012).

So where are women workers most commonly found in India? The most recent information on that was published last year, and is based on data collected by the National Sample Survey Organization, India’s official agency for gathering key statistics. The NSSO collected information from over 100,000 households between July 2009 and June 2010.

According to the 1,081-page report, as of 2010, India had an estimated 112 million female workers. These figures included all workers who described themselves as doing a job for at least 30 of the 365 days being asked about in the survey. A little over one out of three woman of working age is working, at least part-time.

India’s total female population is 586 million, according to Census 2011.

Here are the nine fields where you are most likely to see women working (Lahiri, 2012):

1. Farming: Agriculture is far and away the biggest employer for women. An estimated 68.5% of women work in farming, or around 77 million women. The majority of them are involved in crop farming, while the rest rear livestock. While male farmers may outnumber female, a far higher percentage of women work in farming than men. Only 46.6% of Indian male workers are employed in farming. Still, the number of women in farming seems to be coming down. When the NSSO (National Sample Survey Organization) gathered employment data five years earlier, 73.3% of women workers were in agriculture.

2. Tobacco products and clothes manufacturing: Roughly 10.8% of Indian working women are in manufacturing, but mostly in just a few industries: tobacco, textiles and apparel. Tobacco is the leading
manufacturing industry to employ women, with 2.6% of all working women saying this is what they do for a living, followed by 2.3% in textiles. The share of women in manufacturing is dropping – five years earlier manufacturing employed 11.8% of women.

3. Construction: Indian residents used to seeing women carrying bricks or freshly-mixed cement on baskets on their heads will not be surprised to find that construction is the third-largest employer of women, with 5.1% of working women, or 5.7 million, to be found on construction sites. This is a big increase from five years earlier, when just 1.8% of women were in construction.

4. Schools: An estimated 3.8% of women work in education, most of them in primary education, which employs nearly 2.5 million women.

5. Grocery stores: Few women work in trade with the exception of food stores. The data showed that 2.1% of women work in grocery stores that sell flour, lentils, rice and other basic food items. Oh, and tobacco products.

6. Housework: An estimated 1.6% of women are employed by families for various sorts of domestic work, mostly as cleaners. This figure has come down from five years earlier, when 2.1% of all women workers were in domestic service.

7. Personal services: About 1.5% of women provide personal services that include beauty treatments, clothes washing, massages, arranging marriages, baby-sitting, dusting and washing dishes.

8. Healthcare: The health sector employs approximately 1.25 million women or about 1.1% of all working women.

9. The bureaucracy: Indian state and central governments, and the plethora of agencies affiliated with them, employ 1% of working women. Although the Indian government has shed jobs in recent years, the share of working women who have government jobs has gone up slightly from five years earlier, when just 0.7% of working women were in government.

Recently, it seems that women have decided to be free from old traditions, beliefs and feelings that have inhibited their self-expression
and are an obstacle to their ability and their will. In fact, the trend is healthy. The sex cannot claim a monopoly of skills and competencies. There is a need of a healthy environment, where everyone, regardless of gender, social class, ethnicity or profession is to promote the best of the collective progress.

It is good that our women are taking important positions in our political system, social and economic matters. This trend should be encouraged. The new world of our dreams is where excellence is our overall philosophy. Women should strive to excel and be counted among the best and brightest.

The role of the modern woman of today differs considerably from that of her grandmother and great grandmother. The most significant difference is that the modern woman is believed to work and earn a living most of her adult life, whereas her forerunner, once married, were expected to stay home, family care and operation home. The problem with today's woman is still expected to enlarge the family, cleaning the house and fill many other functions as well as a weekly involvement to household income. Today's modern woman has many different functions while playing different roles like; partner, mother, daughter, sister, money earner, financial planner, housekeeper. The changing demographics in the lives of modern women have brought about many positives but this social change has led to another phenomenon: role conflict.

In most societies family and domestic obligations are still considered to be a women's domain. The man is generally viewed as the breadwinner, with work being considered as the man's primary responsibility. Much research has been undertaken into the origin of male and female roles within society and the opposing views that these roles are either predetermined biologically or stem from socialization. Some theorists suggest that roles are defined by genetic selection and biological tendencies – for example, the nurturing qualities of women as opposed to the more aggressive temperament of men.

A change in society has bred a new legitimacy for women's work and roles in the 21st century. Nuclear families have come to rely on two incomes; ergo attitudes have shifted towards a more egalitarian approach. Despite this, gender roles remain resistant to change. Role conflict may be experienced by women who seek to fulfill several demands at the same time. For example, a woman may be forced to juggle work and motherhood. As a mother, she may see her work as a central part of being able to provide for her children. However, others may see her job as incompatible with child-rearing.
The view of the traditional motherly role and its associations with nurturing and kindness may also be in contradiction with a woman's role in the workplace, where she may take on different character traits. Role conflict may also come into play as she balances the nurturing side of motherhood with the disciplinarian side of work. Many women experience feelings of guilt and inner conflict when they are chastising their offspring, which can clash with their natural urge to soothe and provide comfort.

Indian families are undergoing rapid changes due to the increased pace of urbanization and modernization. Indian women belonging to all classes have entered into paid occupations. At the present time, Indian women's exposure to educational opportunities is substantially higher than it was some decades ago, especially in the urban setting. This has opened new vistas, increased awareness and raised aspirations of personal growth. This, along with economic pressure, has been instrumental in influencing women's decision to enter the work force. Most studies of employed married women in India have reported economic need as being the primary reason given for working. (Srivastava V., 1978; Ramanna A.; Bombawale U. 1984).

Working women may feel more role conflict but not all of them feel same amount of role conflict. There are must be several factors that might be playing decisive role in the experience of role conflict. Personality affects individual’s coping way to conflict. Like personality, social support is also one of the important factors which might be affecting amount of role conflict. And ultimately all these factors affect women’s quality of life.

1.2. Introduction to social support:

Human as social creatures cannot live without help from others. Physical need (such as food, cloth, house), social need (such as acceptance, relationship, school and work), and mental need including safety feeling, curious feeling, spiritual feeling could not met without help from others. It becomes urgent when people have matters, easy or hard.

Barnes (1954) was the first to describe patterns of social relationships that were not explained by families or work groups. Cassel (1976) found a relationship with health. Social support served as a “protective” factor to people’s vulnerability on the effects of stress on health. Social networks are closely related to social support. Nevertheless,
these terms are no theories per se. Social Support and Social Networks are concepts that describe the structure, processes and functions of social relationships. Social networks can be seen as the web of social relationships that surround individuals.

1.2.1 Social support definitions:

Albrecht and Adelman (1987) defined social support as a “verbal and nonverbal communication between recipients and providers that reduces uncertainty about the situation, the self, the other or the relationship, and function to enhance a perception of personal control in one’s life experience.” In this definition key features of social support are:

- Communication
- Uncertainty reduction
- Enhance control

According to this definition, social support is any type of communication that helps individuals feel more certain about a situation and therefore feel as if they have control over the situation.

Sarason (1983) who said that social support was existing, agreement, care from people whose we could count off it, respecting and loving us. Cobb (1976) definition includes only ‘informational’ and ‘emotional’ aspect of social support, and as such overlooks the provision of ‘instrumental’ support.

Social support can be best defined as a complex transactional process in which an active interplay between a person and his or her support network is involved (Vaux, 1988). It includes providing empathy, caring, love and trust (emotional support), actual aid in time, money and energy (instrumental support), evaluative feedback (appraisal support), and information, advice and suggestions (informational support) (House, 1981).

Although results on the mechanisms through which social support influences health and well-being are inconclusive (Ganster, Fusilier, and Mayes, 1986; Gore, 1981; House, 1981; Kaufmann and Beehr, 1986; Kessler, Price, and Wortman, 1985; Leavy, 1983; Thoits, 1982), social support is supposed to have a positive effect on one’s health and well-being (Kaufmann and Beehr, 1989; Sarason, Sarason, and Pierce, 1990).
Support systems provide assistance and encouragement to individuals with physical or emotional disabilities in order that they may better cope. Informal social support is usually provided by friends, relatives, or peers, while formal assistance is provided by churches, groups, etc. A network of family, friends, neighbours, and community members that is available in times of need give psychological, physical, and financial help.

Those things above, important to understood by individual who want give to social support because this is linked to availability perception and adequacy social support by someone.

Social Support is not only giving a help, but the most important thing is how the accepter perception to the meaning of that help. That thing have tight relations with appropriate social support given, it means that people who accept the help felt the benefit for himself, because something actual and giving satisfaction.

From several opinions above we have conclusion that social support is kind of help or support receive by individual from several people in their life and living in special community makes the receiver feel the attention, love and appreciated. People who receive social support understood the social support meaning given by others.

1.2.2 Social support resources:

One can receive social support from various sources from different life domains. Furthermore, a distinction can be made between the different sources of support used by men and women, i.e., work-related and non-work related sources of social support. In general, women report more support from relatives and friends and rely less heavily on social support from their spouse than men (Belle, 1987; Ogus, Greenglass, and Burke, 1990; Olsen and Shultz, 1994; Vaux, 1985). Men report more support from their spouse (Reevy and Maslach, 2001). Taylor et al. (2000) supposed that these gender differences in social support are a consequence of the different responses to stress situations by men and women. They state that men are more likely to fight-or-flight in stress situations, whereas women are more likely to tend-and-befriend, i.e. “... in response to stress situations, women show patterns involving caring for offspring, joining social groups to reduce vulnerability, and contributing to the development of social groupings, especially those involving female
networks, for the exchange of resources and responsibilities” (Taylor, et al., 2000).

With regard to support from work-related sources, results are inconclusive. Various studies argue that employed men mostly rely on work related sources of support, whereas employed women rely on family or non-work related sources (Baruch, Biener, and Barnett 1987; Etzion; 1984, Leavy; 1983). However, other studies report different or even opposite results. For instance, a study by Fusilier, Ganster and Mayes (1986), showed that support from family and friends was virtually unrelated to life-satisfaction for women, but showed a positive relationship for men. Similarly, support from family and friends was unrelated to depression in women, but was negatively related to depression in men.

1.2.3 Types of social support:

There are multiple models that delineate types of social support, but the most popular models share three common factors: emotional support, tangible aid, and informational support. Some include a fourth construct, esteem or affirmation support. Network support, which measures social integration, is also present in some models (Cutrona and Russell, 1990). Aside from network support, support types are often applied in buffering effects research, but can be applicable in both contexts. They are also more widely used to understand the effects of received support, but are also appropriate for investigating perceived support.

While these types of support are often discussed as separate concepts in the literature, in practice they often overlap (Cohen and Wills, 1985). This can cause problems when measuring types of social support (House et al., 1985). Sometimes, the concepts are so closely correlated that they may be redundant when applied to specific problems or situations (Cutrona and Russell, 1990). Although researchers called for a stronger theoretical basis for explicating types of support and the contexts in which they may be relevant throughout the 1980s (e.g. Cohen and Wills, 1985; Cutrona and Russell, 1990; House et al., 1985), no more specific typology or framework has emerged (Langford, Bowsher, Maloney, and Lillis, 2008), suggesting an avenue for future theoretical
work.

- Emotional support:

  Emotional support is vaguely defined in the literature as support that gives the focal individual a feeling that they are cared for, or the provision of “empathy, caring, love, and trust” (House, 1981, p. 24). It can also be the sense that the focal individual is part of a group. Emotional support strengthens the focal individual’s feelings of self-worth and belonging, affirming or bolstering their coping efforts (Schaefer, Coyne, and Lazarus, 1981). House (1981) notes that emotional support is the most important type of support in his typology.

  Many authors argue that other types of support are linked to emotional support: House (1981) and Tardy (1985) both note the difficulty in distinguishing emotional support from information support, particularly because informational support often comes in the form of advice, which can be emotionally laden. Schaefer et al. (1981) links emotional support with both informational support and with tangible support, particularly when the intent of information or tangible goods is to indicate caring and is not done out of a sense of obligation. Gottlieb (1978) noted that most supportive activities were perceived of as emotional support by focal individuals.

  Emotional support is the most difficult type of support to define and measure, because support is, essentially, always emotionally charged. Perhaps a more stringent definition of the concept would help to solve some of these issues. Alternatively, it may be helpful to piece out supportive activities from the feelings elicited by those activities. Some researchers tackle this problem by dividing support into two categories: instrumental and socioemotional. Instrumental aid is information or tangible goods designed to help the focal individual with problem-solving, while socioemotional aid is affection and sympathy from others (Leatham and Duck, 1990). This may also be what the authors who discuss affirmation support are trying to accomplish. Affirmation support, which is also called esteem support, validates, reassures, or relieves the focal individual of blame (Cutrona and Russell, 1990). This is very close to the idea of socioemotional support, particularly because it
can involve the transmission of information or tangible goods if their purpose is to validate the focal individual.

- Informational support:

  Informational support is present in all of the popular typologies of social support (Cutrona and Russell, 1990). The simplest definition of informational support is the provision of information or advice (Schaefer et al., 1981). Its intent is almost always to give the focal individual a means to help themselves; for example, many times it is given when the focal individual is struggling with a problem or making a decision (Langford et al., 2008). Gottlieb’s (1978) classification includes informational support specifically as a problem-solving behavior. However, information is not always intended as a decision-making or problem-solving aid, suggesting that the common definition of informational support is a bit too narrow.

  House (1981) differentiates between information intended to solve a problem and information that is intended to help the focal individual evaluate their circumstances, which he labels appraisal support. An example of appraisal support is information about common disease symptoms, which allows the focal individual to understand their circumstances and assess their health but is not related to a specific problem the focal individual is currently experiencing. Appraisal can also take the form of opinions, rather than facts, given by a supporter to the focal individual. Other researchers do not make the distinction between information and appraisal support (Cutrona and Russell, 1990); however, appraisal support might be conceived of as a specific type of affirmation support: one that is information-based rather than based on emotions.

  Informational and appraisal support are the most difficult to define and to distinguish from other types of support (House, 1981, p. 25). Since House’s typology only includes two other types of support, with tangible support being fairly easy to differentiate from the other types, he is mostly discussing the difficulty in parsing the difference between emotional and informational support, explained above.
• **Tangible support:**

Tangible support is the easiest type of support to recognize (House, 1981), as it involves the provision of goods or services to a focal individual. It is also referred to as instrumental support and material support in the literature (Cutrona and Russell, 1990). Examples of tangible support include financial help, rides to the doctor, providing housing, and cooking meals. In a health context, tangible support acts directly on something that is causing stress for the individual who is ill, while informational and emotional support can be offered for a larger range of health-related stressors (Wills, 1985). This means that tangible support acts directly on stress; because of this, it is generally only applicable in a buffering context.

Tangible support, like all other forms of support, has what House calls psychological consequences (1981, p. 25): giving someone money, for example, is a form of tangible support that communicates emotional support. It also is a form of appraisal, perhaps signifying that the supporter believes the focal individual is not able to make money on their own. However, tangible support is not highly correlated with emotional or informational support, while the two are highly correlated with each other, suggesting that it is more easily separated from the other two common types of support (Schaefer et al., 1981).

• **Network support:**

Also called appraisal support, network support is a type of support most closely related to the sources of support discussed above. It is also relevant to the perceived effects of support, as it is defined as the availability of supporters in one’s network (Cutrona and Russell, 1990). Network support is often not covered in literature that attempts to typify support; instead, most research focuses on the three types of support discussed above. Cohen et al. (1985) characterize belonging support as having a network of friends; family is less central to the concept of network support.
1.2.4 Social position affects received social support:

The position of a person within the social structure will influence the probability of them receiving social support. The position of a person is determined by such factors as:

- Marital status: People who are not married and live alone are less likely to receive social support than people who are married or cohabitate.
- Family size: People with many children are likely to receive more social support than people with few children (Broadhead et al., 1983), because they have a more extensive family network.
- Age: Elderly people tend to receive less social support than younger people (Stephens et al., 1978).
- Gender: Women tend to receive more social support than men (MacFarlene et al., 1981).
- Socio-economic status and migration: People with lower socio-economic status and non-western immigrants report less social support than other people (Dalgard et al., 2006b; Dalgard et al., 2007b). Social support seems to decrease the lower the occupational status, unskilled workers reporting the poorest social support (Marmot et al., 1991).

1.2.5. Social support and health:

- Studies (Cobb, S., 1976 and Berkman, L., 1984) have shown social support has many positive effects on health and well-being, including:
  - Reduced risk of death due to heart attack or other circulatory diseases
  - Men who never married, or live alone, had a higher risk of heart disease.
  - Reduced risk of cancers.
  - Faster recovery.
  - Fewer complications during pregnancy.
  - Keeping patients in medical treatment and increasing compliance with prescribed medications.
  - Increased levels of self-worth and esteem.
  - Facilitates coping and adaptation to change.
  - Reduced anxiety levels.
  - Overall, increased life satisfaction.
1.2.6 The buffer theory of social support:

The buffer theory postulates that social support moderates the power of psychosocial adversity to precipitate episodes of illness. In this paper, we review the theory as applied to minor affective disturbances. Research in this area suffers because of the many disparate conceptualizations of social support and the resulting difficulty of deciding on the content of measures. Moreover, the meaning of the term buffering is itself unclear. These problems have not, however, inhibited research, and many cross-sectional and longitudinal studies have now been carried out. Our review leads to the conclusion that evidence for a buffering role of social support is inconsistent, reflecting methodological differences between studies but probably also indicating that buffering effects are not of dramatic proportions. Moreover, it is possible that the observed relationships are the result of spurious association or contamination of measures.

1.2.7 Sources of social support:

Social support can come from a variety of sources, including (but not limited to): family, friends, romantic partners, pets, community ties, and coworkers. Sources of support can be natural (e.g., family and friends) or more formal (e.g., mental health specialists or community organizations). The source of the social support is an important determinant of its effectiveness as a coping strategy. Support from a romantic partner is associated with health benefits, particularly for men. However, one study has found that although support from spouses buffered the negative effects of work stress, it did not buffer the relationship between marital and parental stresses, because the spouses were implicated in these situations. Additionally, social support from friends did provide a buffer in response to marital stress, because they were less implicated in the marital dynamic.

1.2.8 Benefits of social support:

Social support is associated with increased psychological well-being in the workplace and in response to important life events. In stressful times, social support helps people reduce psychological distress (e.g., anxiety or depression). Social support can simultaneously function
as a problem-focused (e.g. receiving tangible information that helps resolve an issue) and emotion-focused coping strategy (e.g. used to regulate emotional responses that arise from the stressful event) Social support has been found to promote psychological adjustment in conditions with chronic high stress like HIV, rheumatoid arthritis, cancer, stroke and coronary artery disease. Additionally, social support has been associated with various acute and chronic pain variables.

People with low social support report more sub-clinical symptoms of depression and anxiety than do people with high social support. In addition, people with low social support have higher rates of major mental disorder than those with high support. These include post traumatic stress disorder, panic disorder, social phobia, major depressive disorder, dysthymic disorder and eating disorders. Among people with schizophrenia, those with low social support have more symptoms of the disorder. In addition, people with low support have more suicidal ideation and more alcohol and drug problems. Similar results have been found among children.

Social support has numerous ties to physical health, including mortality. People with low social support are at a much higher risk of death from a variety of diseases (e.g., cancer, cardiovascular disease). Numerous studies have shown that people with higher social support have an increased likelihood for survival.

Individuals with lower levels of social support have: more cardiovascular disease, more inflammation and less effective immune system functioning, more complications during pregnancy and more functional disability and pain associated with rheumatoid arthritis, among many other findings. Conversely, higher rates of social support have been associated with numerous positive outcomes, including faster recovery from coronary artery surgery, less susceptibility to herpes attacks, a lowered likelihood to show age-related cognitive decline, and better diabetes control. People with higher social support are also less likely to develop colds and are able to recover faster if they are ill from a cold.
1.2.9 Spousal support:

Generally it seems that after marriage women do only house holding works and say bye to her professional life. But husbands who encourage and support her wives professional ambitions and achievements, those wives can achieve their goals and don't need to sacrifice her career for her marriage.

Working married women have so many responsibility then non-working women. If working women get social support from family members, friends and staff she can manage her roles very well, and especially when her husband support her emotionally and instrumentally she feel cared and stable. There are many house holding works. If husband also support to complete it, women can manage their roles without stress. So, it is very important to have spousal support.

Spouses are unique in that the informal social connections they can draw on to help each other are usually from overlapping pools of contacts. Strong relationships are frequently embedded within joint networks and the spouse is usually the one person who is the most closely tied to one’s other contacts (Kalmijn, 2003; Kalmijn and Bernasco, 2001; Kearns and Leonard, 2004). Researchers have found support for the buffering effect of spousal support on the relationship between WFC and a variety of stressors, including parental role overload (Aryee, Luk, Leung, and Lo, 1999).

Social support can be derived from husband and the family members/relatives. Past studies showed that family support functions to ameliorate work-family conflict. The study by Kim and Ling (2001) indicated that if men provide greater support in terms of household chores and childcare, work-family conflict would not be a major problem for working women. However, this study indicated that spouse support plays an important role in reducing work-family conflict. Spouse emotional support has the greatest influence in reducing the level of work-family conflict. In another study, Aryee (1992) examined the impact of some antecedents of work and family domain variables on three types of work-family conflict (job-spouse, job-parent, and job-homemaker) among 354 married professional women from dual-career families. Results indicated that spouse support reduces work-family conflict for these professional women. Chen and Lin (1992) found that husbands give the most frequent support, and it appears that husbands of working women are more responsible. Namayandeh, Yaacob and Juhari (2010) described that low support received from husband, family members/relatives and supervisor might increase perceived conflict between work and family.
1.3. Introduction to hardy personality:

Research has shown that some people are more resistant to stress and better able to cope with it than others. This is partly due to the fact that some people have a number of personality traits that protect them from the effects of stress; psychologists call this the stress-hardy personality.

1.3.1 Personality:

“Personality” is a dynamic organized set of characteristics possessed by a person that uniquely influences his or her cognitions, emotions, motivations, and behaviors in various situations. The word “personality” originates from the Latin persona, which means mask.

Personality also refers to the pattern of thoughts, feelings, social adjustments, and behaviors consistently exhibited over time that strongly influences one's expectations, self-perceptions, values, and attitudes. It also predicts human reactions to other people, problems, and stress. There is still no universal consensus on the definition of "personality" in psychology. Allport (1937) described two major ways to study personality: the nomothetic and the idiographic. Nomothetic psychology seeks general laws that can be applied to many different people, such as the principle of self-actualization or the trait of extraversion. Idiographic psychology is an attempt to understand the unique aspects of a particular individual.

One researcher in the stress hardiness field is clinical psychologist at the City University, New York, Doctor Susan Kobasa. In the late 1970s she carried out a study on a group of executives who were under a lot of stress whilst their company, the Bell Telephone Company in the USA, was undergoing radical restructuring. On completion of the study, when the data was analyzed, she found that certain personality traits protected some of the executives and managers from the health ravages of stress. These personality traits together Kobasa called hardiness.

1.3.2 Concept of hardy personality:

Over the past 20 years, the personality construct of hardiness has emerged as an important factor in buffering and offering resistance
toward the effects of stress and coping (Maddi, 1987). Hardiness, as conceptualized by Kobasa (1979), is a set of beliefs about oneself and the world manifested as commitment, control, and challenge. Hardiness protects against stress in two ways by altering perceptions of stress and by mobilizing effective coping strategies. Hardiness transforms difficult life events into opportunities for increased meaning in life (Schwab, 1996). Hardy individuals are active and goal-oriented, and approach life with interest and excitement (Rowe, 1999). They exhibit a belief that stressors are changeable and that they can influence what is going on around them with a willingness to act on the belief (control). Hardy individuals possess a deep involvement in life’s activities and the knack of finding something interesting or important about whatever it is they are doing (commitment). They have a tendency to view changes, pressures and disruptions, however painful, as something to be earned from and grow with (challenge) (Kobasa and Maddi, 1999). They see themselves, not as victims of threatening changes, but as individuals who are active determinants of the consequences brought about by change (Kobasa, 1979). Hardiness studies have found individuals possessing hardiness traits become ill less often (Kobasa, Maddi and Kahn, 1982) and have the ability to behave in an adaptive manner when stress is perceived or experienced (Maddi and Kobasa, 1984). In a study among nurse managers, Judkins (2001) found those with high levels of hardiness reported lower levels of stress and higher problem solving coping skills than those with low hardiness. McNeese Smith (1997) reported managers cultivating characteristics of hardiness tend to have employees who report significantly higher levels of job satisfaction, productivity, and organizational commitment. Therefore, promoting hardiness among managers and staff may decrease burnout (Balevre, 1001; Rowe, 1998; Simoni and Paterson, 1997), improve job satisfaction (Schwab, 1996), and increase retention (McNeese-Smith, 2000), with subsequent improvement in patient outcomes (Shullanberger, 2000).

“Hardiness isn’t something we are simply born with; it needs to be developed and nurtured,” explains Dr. Ilona Jerabek, president of PsychTests. “Hardy individuals, through education, knowledge, and experience, develop a specific way of viewing and approaching problems. They don’t allow stress to simply take over and overwhelm them. They take a step back, put the problem in perspective, and then find solutions or ask for help. They find ways to channel/reduce their stress level, and use an arsenal of coping skills. In essence, when the going gets tough, hardy individuals get going.” And get going they do. Queendom’s research on 3237 people reveals that hardy individuals exercise more often, eat healthier, and take fewer sick days. Queendom’s research
comparing hardy vs. less hardy individuals also indicates that:

98% of hardy people have hobbies (compared to 50% of less hardy people).

76% of hardy people indicated that even when they have a bad day at work, they still love what they do and wouldn’t want to change (compared to 15% of less hardy people).

91% of hardy people believe that they control their destiny (compared to 26% of less hardy people).

92% of hardy people wake up looking forward to their day (compared to 7% of less hardy people).

71% of hardy people welcome change in their life (compared to 14% of less hardy people).

99% of hardy people believe in themselves and in their abilities in general (compared to 17% of less hardy people).

When experiencing a setback, 81% of hardy people view it as a challenge to be overcome (compared to 6% of less hardy people).

When they don’t succeed, 80% of hardy people are motivated to do better next time (compared to 5% of less hardy people).

When they receive bad news, 55% of hardy people don’t get upset because they believe they can handle it; 44% get upset initially, but believe that they will be able to cope eventually (compared to 7% and 53% respectively for less hardy people).

1.3.3 Hardy Personality Traits:

Stress hardy people obviously have a natural advantage than those of us who do not have these personality traits; however research is suggesting that those of us who do not naturally have the stress hardy personality traits can actually learn them, with time and practice, and so increase our own levels of stress hardiness. Having a stress hardy personality doesn't mean that a person never ever suffers stress; it means that their ability to deal with it, without causing a problem, is greater. It's about learning to control how we react to the challenges we face in a more flexible, confident and less destructive way.

These three hardness personality traits are discussed below:

-Commitment:

People who are high in commitment feel like they are part of a larger
purpose, They are therefore able to find meaning in their work, are fully involved in what they are doing and they give it their best effort. In this context, problems are more likely to be experienced as minor setbacks in the larger scheme of things, rather than major roadblocks to the work at hand.

- **Control:**

People who feel that they are in control believe that they can influence events and surroundings, that they can make things happen. They have a strong sense of self-efficacy and an internal locus of control versus feelings of powerlessness or feeling like a victim of circumstances. At the same time, they recognize what is beyond their control...and don't waste effort and angst trying to control those things. Instead, they stay focused on their purpose and intent, but are flexible when it comes to strategy, and will alter goals when necessary.

- **Challenge:**

Those who are susceptible to stress tend to perceive difficulties as threats, stress-hardy people perceive such difficulties as challenges. Instead of becoming defensive, they become curious, and begin to look for angles and ideas they may have missed. These people welcome new situations as opportunities to learn, to grow, and to develop on a personal level. As a result, they are able to turn difficulties to their advantage.

There is a fourth "C" that could be added to the list: Connection. Social support plays a vital role in shielding people from the detrimental effects of stress. Those who are stress-hardy are able to turn to others for support when times are tough.
1.4 Introduction to role-conflict:

Considering the traditional role of women, going back to the Vedic Age, it is seen that the Rig Vedic Age women were the copartners in life and in pleasure and hazards. The position of women was high. In the later Vedic Ages however the position of women deteriorated. They became minimally the vehicles of bearing sons and had to obey her authoritarian and dominating husband, regard him as her master and serve him faithfully.

Indian society is still characterized by its ancient societal norms and values but yet amongst it, the status and role of women have witnessed rapid changes in recent years. The thoroughly domesticated women who could not think beyond the welfare of their families have now awakened to action. They have a fierce desire to succeed, which is the awakening of their dormant individuality. Women do have the required talent to occupy predominant positions in enterprises. Latent energy lying wide among our women population must be unleashed to enable them to participate and contribute their due share to National Growth and prosperity.

The ICWE research studies and analysis reveals that there is present enormous entrepreneurial qualities and intense desire in our women—it merely remains dormant and needs to be nurtured and developed. The only dimension of change is the human facet. Instead of the man, it is the woman who should be taught how to trounce attitudinal, environmental, institutional and financial constraints with resilience and proficiency. Specialized training and special effects should be made to adjust the imparting of management training to women, taking into account their emotional and biological constitution and dual responsibility of managing the home and the enterprise.

Conservatives idealize the ‘home’ and view the participation of women in working life as digression from the traditional pattern. Now according to modern ideology, great emphasis is given on the division of work within and without the home. As production has shifted outside the home, women have less work at home. So they can work outside for gainful employment. The process of industrialization, urbanization and secularization has brought about socio-psychological changes in attitudes.
and values of people. In some way the attitude of educated women has also changed. More and more women consider self-respect and development of personality as necessary goals of life. The views about husband and wife relationship and their expectations and demands out of matrimony have changed. Women put more prominence on their privileges than on their obligations. This indicates the change, which has taken place.

Therefore women entrepreneurs are successful in both their roles, at home and in their work places, keeping a balance and organization between the two. Their life has become disciplined and they follow a synchronized path. They have made a great level of accommodation and adjustment between the two roles of a woman. Women today are very much capable of running an enterprise, regardless of all the hassles in life. They are equally talented as men and are satisfied and successful with their lifestyle. Entrepreneurship today does not distinguish between men and women. It calls for a stance of mind and suitable motivation, duly supported by congenial external conditions.
1.4.1. Role conflict defined:

Rizzo, House, and Lirtzman (1970) define role conflict as the incompatibility of requirements and expectations from the role, where compatibility is judged based on a set of conditions that impact role performance. Role conflict is more intense in jobs where more abstract thinking and decision-making are required (Menon and Aknilesh, 1994). As noted previously, law enforcement officers need to respond to situational cues and as such, may make different decisions under similar circumstances depending on how the situation develops. Role conflict has also been defined as the extent to which a person experiences pressures within one role that are incompatible with pressures that arise within another role (Kopelman, Greenhaus, and Connolly, 1983). In the context of law enforcement, this could be viewed as the pressures of being a public servant (i.e., the pressures from the community) versus the pressures from the local government (i.e. political pressures) being at odds with each other.

Saeed Khamseh (2011) defined that role conflict is the result of divergent role expectations. It exists when the expectations of a job are mutually different or opposite and the individual cannot meet one expectation without rejecting the other. For example, the supervisor, the man in the middle, is a bumping post; he has to take it from both ends. He has to perform strikingly different roles. He is both a boss and a subordinate. As a part of management team he should have the corresponding values and attitudes. As a member from the worker’s group he should have their values and attitudes. He is expected to wear both the hats gracefully. Role conflict arises when roles are so conflicting supervisors do not know which set of expectations they should follow. According to Spector (1997), “Role conflict exists when people experience incompatible demands about their functions and responsibilities”. Role conflict can arise when one’s job-related role interferes with his/her family or personal life (Greenhaus and Beutell, 1985). Different forms of role conflict are mentioned as below-
- **Intra sender role conflict:**

  This occurs when an individual is expected to perform a task within specified limits but it is not possible to behave in a manner consistent with role assignment. For example if the Liberian is asked to purchase rare, precious books from approved book sellers and the books are not found there but are found in roadside bookshops-intra sender conflict may develop.

- **Inter sender role conflict:**

  If a building contractor asks a carpenter to do something that is different from the instructions of the architect, the municipal building codes or his unions work rules, that is called inter sender role conflict.

- **Inter role conflict:**

  These types of conflict are the result of facing multiple roles. It occurs because individuals simultaneously perform many roles, and they conflict with each other. Many professors who try to evaluate the performance of students many find it uncomfortable to fulfill the demand of other roles like the role of trainer, developer or teacher.

- **Person role conflict:**

  These types of conflict arise when the expected behavior is incompatible with a person’s own basic values and attitudes. For example, a politician asks one of his supporters to play dirty tricks on an opponent, and the supporter refuses on moral grounds.

- **Intra-group conflict:**

  Intra-group conflict relates to values, status and roles played by an individual in the group and the group norms. Individual may want to remain in the group for social needs but may disagree with the methods and procedures followed by the group. The conflict may arise when social changes are incorporated in the group. When group faces new problems and when values are changed due to change in social environment. Intra-group conflict is like Inter-personal conflict except that the people involved in the conflict episode belong to a common group.
• **Inter-Group Conflict:**

Conflicts between different groups, sections and departments are called inter-group conflict. For example, conflict between production and sales departments over the quality being produced and the customer requirements.

• **Horizontal Conflict:**

Horizontal Conflict is caused due to incompatibility of goals, sharing limited resources and difference in time orientation. It leads to tension, misunderstanding and frustration on the part of both the parties. Horizontal conflict relates to employees or group at the same level. Organizational goal at implementation level vary from department to department. The sources of conflict between departments consist of pressures towards sub optimization. Each department may sub optimize by independently trying to achieve its own departmental goals. For example production departments may prefer long economical runs whereas sales departments may insist on wick delivery. Again when two departments are functionally interdependent, breakdowns in the performance of one department can lead to serious conflicts.

• **Vertical Conflict:**

Vertical conflict refers to conflicts that might take place between different levels of hierarchy. Conflicts between subordinates and superior occur due to incompatibility. It is generally caused because of differences in perception, value system, goals that may be assigned, cognition and difference in individual behaviour. Conflict is also caused due to inappropriate communication between individuals at two different levels.

• **Line and Staff Conflict:**

Line and staff conflict has been traditional. Line authority creates product and services and contributes directly towards the revenue generation. While staff authority assists line authority and act in advisory capacity. Staff and line authority have a different predispositions and goals. They have different skills and expertise. Since staff authorities (managers) are in the chain of command and have a day to day access to the top boss, have a tendency to dictate terms to the line authority and
usually disregard the working knowledge of the line authority. They have tendency to dominate and disregard the efforts put in by line authority managers. On the contrary staff managers have a technical knowhow and they are able to advice the line authority to cut down cost of production and save on wastage etc. Line authority does not like their advice at times. Staff managers get frustrated when their suggestions and ideas are not implemented by line managers and hence the cause for conflict. In the process the organizational goals are not achieved as per plans.

According to Spector (1997), “role conflict exists when people experience incompatible demands about their functions and responsibilities”. Role conflict can arise when one’s job-related role interferes with his/her family or personal life (Greenhaus and Beutell, 1985). There are discrepancies regarding the impacts on multiple roles. According to Greenberger and O’Neal (1993), involvement in excessive roles resulted in role strains, role conflicts, and led to negative impacts on mental and physical health. Some researchers have argued that the increased role obligations that required time devotion and participation may result in various forms of psychological conflict if each role cannot be adequately fulfilled (Bedeian, Burke, and Moffett, 1988; Singh, Goolsby, and Rhoads, 1994). Studies also found that role conflict, role ambiguity, and time demands were directly and positively related to work-family conflict (Carlson, Kacmar, and Williams, 2000; Frone, Yardley, and Markel, 1997; Greenhaus, Bedeian, and Mossholder,
However, according to “enhancement theory”, researchers further proved by empirical examination that role accumulation is beneficial for both men and women in terms of buffering, social support, opportunities to experience success, and increasing sources of reference (Barnett and Hyde, 2001). Studies also provided empirical evidence that women who juggle multiple roles are less depressed than other women, employed women are less distressed than non-employed women (Crosby, 1991), and men have multiple roles reported fewer physiological symptoms of distress than men who have fewer roles (Gore and Mangione, 1983). Nevertheless, empirical evidence has also shown that when roles are excessive and numerous, psychological stress may occur (Bekker, deJong, Zijestra, and vanLandeghem, 2000).

1.4.2 Concept of work family conflict:

Work family conflict has been described by (Kahn et al., 1964) as a form of inter-role conflict in which demands from the work role conflict with demands from the family role. The perceived work-family conflict (work interference with family and family interference with work) are different and relatively independent of each other. The people perceived less family interference with work than work interference with family (Gutek et al., 1991). Spillover of unpleasant moods occur both from work to family settings and from family to work though evidence for the spillover of pleasant moods was weak. Both family to work and work to family spillovers were stronger for women than men (Williams and Alliger, 1994). Family to work conflict was found to have indirect influence on work to family conflict via work distress and work overload. Work to family conflict had indirect impact on family to work conflict via increased parental overload (Frone et al., 1997). Conflict is bi-directional, which is to say that it gives equal emphasis to the impact that work can have on family and the impact that family can have on work (Frone et al., 1997; Greenhaus and Beutell, 1985; Gutek et al., 1991; Parasuraman et al., 1996). Work to family conflict, occurs when “the participation in a work activity interferes with participation in a competing family activity” (Frone et al., 1997). Conversely, family-to-work conflict, occurs when “participation in a family activity interferes with participation in a competing work activity” (Greenhaus and Beutell, 1985). High levels of conflict have been found due to the result of factors like role overload, role ambiguity, role conflict, lack of autonomy and lack of rewards
Demands caused by having a family get in the way of conducting a job which creates lot of stress (Carlson, Kacmar and Williams, 2000). (Frone, 2003) reported that work has more negative effects on family than the family has on work because work-to-family conflict is reported more frequently than family-to-work conflict.

In their content analysis of work-family research from 1980 through 2002, Eby et al. (2005) note that conflict theory has been the dominant theoretical paradigm to study work and family issues. According to Kahn et al. (1964), roles are a set of expectations defined by other role senders or one about what behavior is appropriate to enact in a particular position. Role conflict is a psychological tension that is created by the simultaneous occurrence of two or more role pressures such that engaging in one role makes participation in the other difficult. Role conflict theory suggests that when individuals participate in multiple roles that are incompatible, it leads to conflict between the roles (Katz and Kahn, 1978). Greenhaus and Beutell (1985) state that any role characteristic that influences an individual’s time involvement within a role can produce conflict between that role and another role. In this theory, time spent on activities within the family role such as providing care for children or adult dependents cannot be devoted to activities within the work role. The requirements of different roles may compete for a person’s limited time resources and the time pressures associated with participation in one role may make it physically impossible to comply with the demands from another role (Kopelman, Greenhaus, and Connolly, 1983). Essentially, time and energy spent on family-related activities cannot be spent on work-related activities, thereby creating family-work conflict for the individual.

Work–family conflict is “a form of interrole conflict in which the role pressures from the work and family domains are mutually incompatible in some respect. That is participation in the work (family) role is made more difficult by virtue of participation in the family (work) role” (Greenhaus and Beutell, 1985). Accordingly, the conflict takes place at the work-life interface. Conflict between work and family is important for organizations and individuals because it is linked to negative consequences. For example, conflict between work and family is associated with increased absenteeism, increased turnover, decreased performance, and poorer physical and mental health.
Conceptually conflict between work and family is bi-directional. Most researchers make the distinction between what is termed work-family conflict, and what is termed family–work conflict. Work-to-family conflict occurs when experiences at work interfere with family life, like extensive, irregular, or inflexible work hours, work overload and other forms of job stress, interpersonal conflict at work, extensive travel, career transitions, unsupportive supervisor or organization. For example, an unexpected meeting late in the day may prevent a parent from picking up his or her child from school. Family-to-work conflict occurs when experiences in the family interfere with work life like presence of young children, primary responsibility for children, elder care responsibilities, interpersonal conflict within the family unit, unsupportive family members. For example, a parent may take time off from work in order to take care of a sick child. Although these two forms of conflict—work interference with family (WIF) and family interference with work (FIW) are strongly correlated with each other, more attention has been directed at WIF more than FIW. This may because work demands are easier to quantify; that is, the boundaries and responsibilities of the family role is more elastic than the boundaries and responsibilities of the work role. Also, research has found that work roles are more likely to interfere with family roles than family roles are likely to interfere with work roles.

Work can conflict with one’s home and family life. However, workaholism can lead to adverse effects on one’s relationship with his or her partner. Workaholism is “an individual difference characteristic referring to self-imposed demands, compulsive overworking, an inability to regulate work habits, and overindulgence in work to the exclusion of most other life activities (Robinson, 1997).” Workaholism can affect a person’s private life since it includes exclusion of other activities including spending time with spouses which is significant to any healthy, happy relationship. When there is a strain on a relationship due to a partner’s workaholism, both partners can become stressed and less supportive of one another resulting in negative behavior. Individuals, who work a lot to the point of interference with the rest of his or her life, tend to perceive their family as having less of a strong communication background. These individuals also perceive their families as having family roles that are not as clearly defined as they would like them to be. Workaholism isn’t the only dynamic that can be a factor in work–family conflicts. Family alone demands enough from an individual, but in this
new millennium where more than one individual or spouse is working to support a family, the demands of upholding family life and maintaining a career or job are immense.

Work–family conflict can be diminished by establishing family-friendly policies in the workplace. Certain policies can include telework and telecommuting policies where employees have the ability to work from home, and schedule flexibility policies where employees have control over their schedules. Family-work conflict can also be diminished by establishing workplace family-friendly policies. Some of these policies include maternity, paternity, parental, and sick leaves, providing child care options either on-site child care center at the business, references to close child care centres, or supplemented child care incomes for the families placing their children in a child care centre, and health care insurance. To allow these policies to work you need to make sure that your employed managers and supervisors are supportive and allowing for employees to use the policies.
1.4.3 Role conflict among working married woman:

It is always said that behind a successful man there is a woman who is most of the times his wife. But how many times we have heard that behind a successful woman is her husband. It is a very rare case in India at least. At times she becomes a victim of jealous husband if her professional life is better than him. Just imagine a situation where both husband and wife enter house at 7 pm. Both are equally tired but wife is now occupied with the house hold chores of the family whereas husband rests in front of TV. Food, clothing, children, in laws, etc all waiting to be dealt with. She sleeps last and gets up the first. It’s very rare that she receives any assistance from family members. On top of that she might be the best of employees but she can never make any family member realize this.

There are contradictory role expectations from working women while she is at work and at home. On professional front she is expected to be committed, dynamic, competitive, straight forward, and non-sentimental and act in a "business like" manner and at home, she is expected to be sweet, soft, sensitive, adaptable, gentle, unassertive and domesticated (Misra 1998). As an ideal woman she wants to fulfill the duties of a faithful wife, a sacrificing mother, obedient and respectful daughter in-law and an efficient and highly placed career woman. These contradictory expectations cause the most confusion, tension and create many other problems for her. A woman employee finds it difficult to do justice to the two roles at the same time. An attempt to play one of the roles with perfection leads to an inadvertent sacrifice of the other.

Women assuming multiple roles results in work family conflict because time and energy are shared, clubbed and even extended across the two spheres of activity. When a housewife enters into gainful employment outside home she not only finds a change in her role and status within the family and outside it, but she also finds herself under increasing pressure to reconcile the dual burden of the two roles at her home and her workplace because each is a full time job. Coping up with the situation requires not only additional physical strength, personal ability and intelligence on the part of a working woman but also requires the members of her 'role set' to simultaneously make necessary modifications in their expectations. When conflict between the two life
domains occurs the consequences are reflected in both organization and domestic life. For the employers such role conflict means disillusionment, dissatisfaction and strained relations with women employees, their lower standard of work performance and disregard of organizational goals. Since society is not separate from organizations, the negative impact of role conflict will have its effects on the society in general in the form of lower standards of performance, lower quality of goods and services and a growing feeling of interpersonal conflict being the obvious results. There is therefore, a growing recognition by policymakers of the importance of supporting women in juggling work and family life (Evandrou et al. 2002).

In order to help dual-career women to manage the demands of both work and family, it is necessary to explore the origins and correlates of work stressors and workfamily conflict, and to try to find a support system at the level of the family, workplace, community and government for resolving it. Although most of these issues have been well documented by the western researchers (Hardy and Adnett, 2002; Mackey and McKenna, 2002; Rapaport and Rapaport, 1980; Seto et al., 2004) far less is done in India.

1.4.4 Who is most likely to experience work/family issues?

- Job burnout, job tension, role conflict, role ambiguity, intention-to-leave an organization, and search-for-another-job impact both WFC and FWC (Netemeyer et al., 1996). Stressors associated with work role are more likely to increase feelings of WFC than FWC. Likewise, stressors associated with family role are more likely to impact feelings of FWC than WFC (Mesmer- Magnus and Viswesvaran, 2005).

- In particular, three work stressors –quantity of workload, work variability, and frequency of stressful events – are significantly related to the presence of WFC. Three family stressors – marital tension, no spouse help, and lack of child care –linked with FWC (Fox and Dwyer, 1999).

- The effects of organizational stress (defined as work relationships, conflict, politics, resources, autonomy and opportunity to use skills) and work/family conflict are not additive (in other words,
workers experiencing both types of stress are not more likely to intend to leave.) When the two types of stress are considered together, organizational stress completely overshadows the impact of work-family conflict (Nissly et al., 2004).

- Life-work fit was a significant factor related to intention to leave in rural and urban, but not suburban, child welfare agencies (Strolin-Goltzman et al., 2008). In a study comparing high and low turnover child welfare systems, life-work fit was the only factor that significantly predicted intention to leave across all types of systems (Strolin-Goltzman, 2008).

- Some studies suggest that the sex of worker plays a significant role in WFC and FWC. Kossek and Ozeki (1998) found a much stronger relation between WFC and job satisfaction for females than for males.

- Older working women experience more WFC than FWC. In general sense, older working women have developed strategies or altered their responsibilities in ways that enhance their family lives and vice versa (Gordon et al., 2007).

- Employees who are female, married or have children living with them will be more likely to utilize work-family benefits than employees who are male, unmarried, or childless (Thompson et al., 1999). In particular, significant correlations of WFC and FWC have been found with the number of children living at home. Persons with more children have much difficulty adjusting their demands, time, and emotions between work and home setting (Netemeyer et al., 1996).

1.5. Introduction to quality of life:

The term quality of life (QOL) references the general well-being of individuals and societies. The term is used in a wide range of contexts, including the fields of international development, healthcare, and politics. Quality of life should not be confused with the concept of standard of living, which is based primarily on income. Instead, standard indicators of the quality of life include not only wealth and employment, but also
the built environment, physical and mental health, education, recreation and leisure time, and social belonging.

Quality of life has been defined and assessed in many ways. For instance, it was insinuated that quality of life indicators go beyond immediate workplace concerns, such as, overall life satisfaction; health; satisfaction with family, free time, and marriage (Quinn and Shepard, 1974 and Quinn and Staines, 1979). According to Rice, McFarlin, Hunt and Near (1985), the perceived quality of life is a set of affective beliefs directed toward the totality of one life (overall perceived quality of life) or toward specific domains of life (perceived quality of work life or perceived quality of family life). Other researchers also described quality of life as subjective well-being (Diener, 1984; Diener, Emmons, Larsen and Griffin, 1985; Diener, Suh, Lucas, and Smith, 1999 and Parasuraman, Greenhaus and Granrose, 1992).

According to ecological economist Robert Costanza (2008) while quality of life (QOL) has long been an explicit or implicit policy goal, adequate definition and measurement have been elusive. Diverse "objective" and "subjective" indicators across a range of disciplines and scales, and recent work on subjective well-being (SWB) surveys and the psychology of happiness have spurred renewed interest.

Also frequently related are concepts such as freedom, human rights, and happiness. However, since happiness is subjective and difficult to measure, other measures are generally given priority. It has also been shown that happiness, as much as it can be measured, does not necessarily increase correspondingly with the comfort that results from increasing income. As a result, standard of living should not be taken to be a measure of happiness. Also sometimes considered related is the concept of human security, though the latter may be considered at a more basic level, and for all people.
1.5.1. Quality of life: three conceptual approaches:

Quality of life has been the object of a large amount of studies in different research areas such as economics, sociology, political science, psychology, philosophy and medical sciences. Some of the most relevant approaches to the analysis of quality of life which have been developed in the field of social sciences divide them into three main groups.

The first approach considers QOL in terms of the amount of resources and commodities available to an individual. In this case, the notion of —quality focuses on the content of —human life in terms of the objective resources which characterize people's existences. Among the first studies to contribute to the diffusion of this conceptualization is mention the so-called —level of living approach developed by Swedish scholars in the 1960s (Erikson, 1974, 1993; Erikson and Uusitalo, 1987). The concept of —level of living refers to individual's command over resources such as money, property, knowledge, mental and physical energy, social relations and security that individuals exploit to control and consciously direct their living conditions‘ (Erikson, 1993, 72-3). According to this perspective, the concept of quality of life goes beyond the simple availability of monetary resources and refers to a wide array of other aspects that may affect the use of material resources available to citizens, such as health conditions, the level of education or other circumstances and context conditions (e.g. work environment, amenities and space in the home). This approach shows some analogies with the studies on poverty and social exclusion which are usually based on objective indicators of lifestyle deprivation in terms of level of income,
lack of housing facilities, the presence of environmental problems and the impossibility to participate in activities usually available to a majority of people living in affluent societies (e.g. going on holiday at least once a year).

A second, alternative, approach to the study of quality of life relies on the notion of subjective well-being. In this case, the concept of —quality of life is equivalent to the concept of well-feeling, i.e. a subjective state of a person that derives from his/her evaluation of life, expressed, for example, in terms of happiness or satisfaction. This approach is rooted in the American social psychology research tradition developed in the 1960s and looks at quality of life in terms of satisfaction of needs. As held, for example, by Campbell (1972), since —quality of life must be in the eye of the beholder, what it is worth considering is how individuals feel or perceive their life experiences. Quality of life should be thus defined starting from perceived outcomes achieved during the life course rather than from the availability of inputs, such as the availability of material and social resources. Subjective well-being has also been a key focus in the development of research into happiness economics (Easterlin, 1974; Frey et al., 2000; Clark, 1996; Clark and Oswald, 1994). These studies have demonstrated that, although happiness is positively correlated with income, this correlation appears weak among the most advanced economies, since the subjective evaluation of life experience is affected by perceptions of relative position in the society and not simply by the absolute amount of material resources available to the individual.

A third main conceptualization of QOL stems from the capabilities approach firstly developed by Amartya Sen (Sen, 1985, 1992; Nussbaum and Sen, 1993). Quality of life can be conceived in terms of the individual capabilities to achieve valuable functionings. Functionings are all those things that a person can choose —to be or to do in leading a life, such as being well sheltered and nourished, being socially integrated or having self-respect. Thus, quality of life cannot be reduced to subjective evaluations, since these evaluations may reflect the individual’s ability to enjoy his/her own achievements as conditioned by mechanisms of adaptations, expectations and aspirations. Moreover, quality of life does not simply rely on the availability of resources, although this is recognized as a crucial element for realizing well-being in several domains. By contrast, quality of life should refer to the achievement of —real freedoms that enable people to pursue, as far as possible, their goals and to choose lifestyles they value as important. Compared to the resources-based approach, in the capabilities approach the emphasis is put
more on —agency and —empowerment as crucial dimensions of quality of life, i.e. on the institutional settings, cultural frames and circumstances which enable people’s chances to actively shape life courses.

Aside from these three conceptual approaches, some authors have proposed a more comprehensive definition of human well-being, considering – at the same time – inputs, outcomes and enabling factors that make a life valuable to live. One of the most prominent examples of this holistic approach can be found in the conceptualization of quality of life elaborated by Erik Allardt (1993). Allardt, in his attempt to revisit the Swedish —level of living approach, proposes a more complex view on quality of life based on Galtung’s basic need approach (cf. Allardt, 1993). According to this perspective, quality of life can be achieved by meeting three basic sets of needs that Allardt calls —having, loving, being (see Table Below). The —having dimension of quality of life refers to the material needs that define a certain standard of living. It includes the needs for economic resources, such as income and wealth, housing conditions, employment and working conditions, as well as the need for good health and education. The second dimension – the so-called —loving dimension – regards the needs for cultivating social relationships, emotional ties with friends, family and kin and, more in general, the needs for getting easy access to networks. This dimension looks in particular at attachments to family, friends, fellows and local community that can provide material and emotional support for individuals. The last dimension identified by Allardt – the —being dimension – regards the needs for integration and participation in society, including participation in important decisions, political activities, opportunities for a meaningful work life, as well as the need to enjoy nature either through contemplation or through activities such as walking or gardening. This last dimension looks in particular at the self-actualization of the individual, emphasizing the importance of opportunities for personal growth and the full realization of one’s potential.
Table 1.1 Quality of life and its three dimensions: having, loving and being:

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<th>Dimensions</th>
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<td>Having</td>
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<td>Opportunities for leisure-time activities</td>
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<tr>
<td>Opportunities for a meaningful work life</td>
<td></td>
</tr>
<tr>
<td>Opportunities to enjoy nature</td>
<td></td>
</tr>
</tbody>
</table>

Source: Allardt (1993)

Another important aspect of this framework is that it takes into consideration two different approaches to the quality of life: the welfarist approach (based on individual experience) and the non-welfarist approach (based on objective conditions rather than subjective utility). According to Allardt, the needs which qualify a — good life are usually defined with reference to what people have (resources) and to what they could be able — to do or to be (opportunities). Nevertheless, well-being can be evaluated also through people's conscious experience as human beings measured in terms of satisfaction with living conditions, happiness about social relations and feeling of alienation or personal growth. Three main aspects related to the conceptualization of QOL can be discerned from the comparison of the above mentioned conceptual approaches.
First, quality of life is usually conceptualized in terms of the life situations of individuals, since it mainly refers to resources, conditions or evaluative judgments from an individualistic perspective (e.g. being poor, enjoying good health). Nonetheless, QOL can be also considered as an attribute referring to a society on the whole, or to a local community or city. Indeed, this is evident when we look at some aspects, such as environmental management (transport, green areas, noise and pollution) or the availability and the quality of services provided to the citizens living in a specific area. According to this —societal perspective, well-being therefore becomes a matter of political accountability, i.e. the extent to which it can be pursued - or at least facilitated – through public means.

Second, since —quality can be evaluated with reference to several domains of human life, it follows that the analysis of QOL should take into consideration the interactions among different aspects which contribute to individual well-being. The availability or, conversely, the lack of material resources, positive feelings (satisfaction, happiness) and enabling environmental conditions can have, for example, a mutually reinforcing effect on the level of quality of life, producing situations of cumulative advantages or disadvantages. On the contrary, we could observe trade-off effects, which may lead – at least in principle — to —zero sum games, where different factors of QOL neutralize each others.

Third, quality of life usually shows both an objective and a subjective facet. The choice between which of these two aspects should prevail is usually a matter of empirical research. However, the opposition between welfarist and non-welfarist approaches to QOL also represents a crucial conceptual issue, since it depends on our view of what quality of life is or should be (Fahey et al., 2003; Veenhoven, 2002; Watson et al., 2010). An attempt to go beyond the simple dichotomy between subjective/objective indicators of quality of life has been made by several authors. For example Zapf (1984) and Rapley (2003) propose conceptualizing quality of life considering the interrelation between objective living conditions (e.g. food, shelter) and subjective well-being (attitude, feeling). If we combine these two sides of QOL analysis, we can distinguish four different types of situations: well-being, dissonance, adaptation and deprivation (Table see below).
Table 1.2 Types of situations stemming from objective and subjective aspects of well-being:

<table>
<thead>
<tr>
<th>Objective living conditions</th>
<th>Subjective well-being</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Bad</td>
<td>Bad</td>
</tr>
</tbody>
</table>


According to this framework, the notion of quality of life does not apply to those situations where the level of objective living conditions and subjective well-being of a person shows opposite results. This is, for example, the case of —dissonance where individuals face a —dissatisfaction dilemma since, despite his/her good living conditions, the person is not (completely) satisfied or happy with his/her life. Moreover, a person can be stuck in a —satisfaction paradox, where the lack of resources or the poor circumstances in which a person lives do not seem to negatively affect their perception of life experience (Rapley, 2003). In this case, individuals, rather than truly experiencing a high level of quality of life, show a capacity to adapt their aspirations to the (poor) context and circumstances in which they live. On the contrary, we can find situations where the evaluation of objective living conditions and personal feelings go in the same – positive or negative – direction. Here, well-being refers to those circumstances where both objective and subjective dimensions exhibit positive results; while it’s opposite (deprivation) is characterized by a lack of objective resources and subjective welfare.

1.6 Importance of the present study:

Status of women in the society has been changing fast due to multiple factors such as urbanization, industrialization, increased level of education, awareness of rights, and media influence. More and more women prefer to be engaged in some kind of employment, so that they can contribute financially to their family. But the attitude towards women especially married women and their role in family has remained the same, as even today taking care of the family and children is considered as their primary responsibility. Thus carrying out duties and responsibilities both at home and workplace overstrains a married working woman, thereby
leading to various psychological problems like role conflict, job strain, mental fatigue, stress, anxiety, frustration, depression, anger, phobias, and other social and emotional distress. All of these problems can interactively affect the mental well-being of working women and more so in married working women. Studies have shown that working women have poor mental health and higher level of depression compared to nonworking women.

Exposure to job stressors along with family demands has negative impact on mental health of women (Lennon and Rosenfield, 1992). Balancing dual roles, at workplace and home, is a big challenge for married working women that physically and psychologically disturb them (O’Neil and Greenberg, 1994). In a study, married working women were found to be suffering from more occupational stress than unmarried working women due to multiple roles/responsibilities of a mother, wife and homemaker, more demands from society and traditional trends as well (Parveen, 2009).

Abundant work related factors have been found to be associated with burnout among teachers, including excessive time pressure, poor relationships with colleagues, large classes, lack of resources, fear of violence, behavioural problems of pupils, role ambiguity and role conflict, poor opportunities for promotion, lack of support, and lack of participation in decision-making (Abel and Sewell, 1999; Fimian and Blanton, 1987; Friedman, 1991; Wolpin et al., 1991).

Work and family conflicts have emerged as an increasingly important research topic in the last few decades. According to Zedeck (1992), this phenomenon is in part due to the increase in number of women in the workplace, the changing attitudes toward work and the changing roles of family members. Furthermore, today’s workplace is increasingly populated with working parents, single parents, and dual-career couples (Thomas and Ganster, 1995). The potential for work-family conflict increases as these working parents or dual couples struggle with the everyday work and home responsibilities.

Studies have investigated the antecedents and outcomes of work and family conflict (Frone, Yardley, and Markel, 1997; Frone and Yardley, 1996; Frone, Russell, and Cooper, 1992; Higgins, Duxburg, and
Irving, 1992; Judge, Boudreau, and Bretz, 1994; Tenbrunsel, Brett, Moaz, Stroh, and Reilly, 1995). In general, work and family conflicts would relate to a number of work and personal outcomes including lower job satisfaction (Bacharach, Bamberger, and Conley, 1991), lower life satisfaction (Adams, King, and King, 1996), absenteeism (Goff, Mount, and Jamieson, 1990), impaired psychological well-being (Burden and Googins, 1987), and other health or strain outcomes (Frone, Russell, and Barnes, 1996; Thomas and Ganster, 1995).

During the last few years, some personality variables have attracted the attention of researchers in correlation of personality and stress. Despite a common acknowledgement that personality factors play a critical role in mediating stress, these factors have been overlooked in majority of empirical studies on stress. Previous studies have suggested that personality characteristics of hardiness, a combination of commitment, challenge and control decreases the illness related effects of stressful life events. They reported that hardy individuals suffer from fewer illnesses because they are able to transform life events cognitively to make them less stressful (Kobasa et al., 1981, 1982a, 1982b). The subjects may have their own style of managing stressful situation occurring in their organization. They have high mean scores on all the three component of personality hardiness. Which make them to face the life stressors effectively without been stressed.

Work is central to a person’s well-being, as it both provides an income and is a means of broader social advancement. Work and well-being are closely related, in that the good or bad quality of working conditions has a direct impact on an individual’s quality of life. Work is also central to health, due to specific risk factors in the workplace which may lead to injuries and professional diseases, work-related illnesses or long-term health consequences.

Numerous literatures indicate that married working women are vulnerable to work-family conflict and that there is evidence of adverse effects of such conflict on workers' well-being in both work and family domains. However, the limited empirical research on social support in relation to work-family conflict points to the need for such a study. This research determines the intensity of conflict that married working women experience in trying to balance their work and family roles, and the extent
of social support that they receive from spouse and also search the effect of these entire things on women’s quality of life.

Hence, the present study was decided to research on work family conflict and affecting factors (spousal support and hardy personality) on work family conflict and the ultimately effect of all these factors on married working women’s quality of life, which is might be useful to reduce work family conflict and for better quality of life of married working women.

1.7 Organization of the study:

Chiefly, the aim of the present study was to investigate the social support, hardy personality and role conflict among married women college teachers. Present study investigates the impact of hardy personality and spousal support and its components on work family conflict and quality of life among married women college teachers. The present investigation was carried out to examine this aim and the whole process of this work is narrated in following five chapters.

CHAPTER – 1: The first chapter under the title THERORETICAL FRAME OF REFERENCE includes historical background of the studied variables, major concepts to be considered, and importance of the investigation.

CHAPTER – 2: The second chapter under the title REVIEW OF RELATED LITERATURE includes brief summary of studies undertaken in the past on hardy personality, social support (spousal support and its components), role conflict (work family conflict) and quality of life.

CHAPTER – 3: The third chapter under the title PLAN AND PROCEDURE includes objectives, variables, hypotheses, tools, selection of sample, techniques used to analyze the data etc.

CHAPTER – 4: The fourth chapter under the title DISCUSSION AND INTERPRETATION OF RESULTS includes the findings on hardy personality, social support (spousal support and its components), role conflict (work family conflict) and quality of life.

CHAPTER – 5: The fifth chapter under the title RESEARCH FINDINGS, IMPLICATIONS, AND SUGGESTIONS includes findings of the study and suggestions for further study.

More over in the APPENDIEX references of the study and copy of research tools used in the study are given.